

DomCare

# DomCare

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

DomCare is a domiciliary care agency which provides personal care to people in their own homes. The service provides support to older people and to people living with a range of needs including physical disabilities and sensory impairments. At the time of our inspection 168 people were receiving personal care. CQC only inspects the service being received by people provided with personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

People and relatives spoke positively about the service they received. Staff knew how to keep people safe and protect them from harm. Risks associated with people's care and their home environments were identified and assessed. People received their medicines safely, when needed, by staff trained in medicine management. Staff were recruited safely.

The registered manager had processes in place to monitor and review the quality of the service provided, for example, audits of care records. The provider had a contingency plan in place, to minimise any risks to the service running safely in the event of, for example adverse weather conditions. Staff felt supported by the management team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 24 November 2017).

### Why we inspected

We received concerns in relation to poor care practices and the culture of the service. As a result, we undertook a focused inspection to review the key questions safe and well led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well led sections of this full report.

The overall rating for this service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for DomCare on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# DomCare

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2014.

#### Inspection team

The inspection team consisted of 2 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspectors visited the service and the Experts by Experience gathered feedback about the service from people and their relatives via the telephone.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us

in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 15 relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, care manager, care co-ordinator and care staff.

We reviewed a range of records, including 6 people's care records. We looked at 3 staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.

After the inspection

We received feedback from a social care professional who works closely with the service and reviewed the provider's policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care and support needs were assessed before the service started to ensure these could be met safely.
  - Risks associated with people's care and home environments were assessed and well managed. Risk assessments were in place to inform staff how to provide safe care and were regularly reviewed.
  - People and relatives told us staff supported them safely and their care needs were fully met. One person said, "The staff are helpful, they check my catheter for any problems and will call the district nurse if needed." Another person said, "The staff are good and know what they are doing, I'm happy with what they do for me."
  - Staff recorded incidents and accidents, and these were reviewed by the management team and action taken to prevent reoccurrence. Any lessons learnt were discussed in team meetings.
  - The provider had a contingency plan to minimise any risks to the service running safely in the event of, for example adverse weather conditions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt safe with staff. One person told us, "I have regular staff, so I know them and feel safe." One relative said, "The staff member has got to know us as a family, they are well trained and understand (person) well, I know they are safe with them."
- One relative told us, "(Person) had wanted to give a staff member some money which they had politely refused and informed the office, who then told me. I thought this was really good and shows they keep people safe."

- Staff had received safeguarding training and understood their responsibilities to report any concerns to the registered manager. Staff were confident that their concerns would be followed up.
- The registered manager understood their responsibilities to report any concerns to the local authority and to the CQC to ensure any allegations or suspected abuse were investigated.

#### Staffing and recruitment

- There were enough staff to provide people's planned care calls. People were happy with their call times although provided mixed feedback about whether they were informed if staff were running late. One person said, "They don't phone me, if they are going to be late." Another person said, "They do phone if they are going to be late, although they are generally on time."
- The provider had an electronic system in place to monitor the time staff arrived and left people's homes. The management team checked this regularly to ensure people had received their planned care. This ensured any late or missed calls were quickly identified and addressed.
- Staff were recruited safely. The provider sought references and completed DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received their medicines as prescribed. There were systems in place to ensure this was done safely. One person told us, "The staff do my tablets in the morning, I've never had any problems." Another person said, "I take my medicines and they make sure I do, they check."
- Staff completed training to administer medicines and competency assessments were completed to confirm they did so safely.

#### Preventing and controlling infection

- People and relatives confirmed that staff wore personal protective equipment (PPE).
- Staff received training in infection control and understood their responsibilities. One staff member said, "We have training, I always change PPE between tasks and care calls and wash my hands regularly too."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managerial oversight of the service was good. Quality monitoring systems were in place for example; audits of care and medicine records and spot checks were carried out on staff practice to ensure they were providing care, in line with their training.
- There was a clear management structure in place and all staff understood their role and responsibilities in supporting people who used the service. People and staff had access to an on-call duty manager, out of office hours.
- Relatives spoke positively about staff. One said, "Absolutely, I am happy, we have had several agencies, and this is the best one." Another relative told us, "The staff are very good, they notice things like bedsores beginning to develop. They see it early and act quickly which is really important."
- Staff felt supported and received the guidance they needed to fulfil their roles through individual and team meetings.
- The registered manager demonstrated an understanding of the regulations and their responsibilities. For example, they had informed us about important events within the service.
- The registered manager understood the need to be open and honest when things went wrong in line with the responsibilities under the duty of candour.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Overall people were happy with the service provided. One person said, "I've never had to complain, they have been responsive to me. I'd recommend them to anybody." One relative told us, "The staff are helpful, kind and respectful."
- People and relatives were encouraged to provide feedback about the service through annual surveys. People told us that the management team were always available to them via the telephone and found them 'helpful', 'responsive' and 'very good'.
- Staff gave positive feedback regarding the open, honest and supportive culture of the service. One staff member said, "I enjoy working here, managers are supportive, and the communication is good." Another said, "We all work as a team, management are supportive, there are no issues."
- The provider's policies and procedures prompted inclusion and diversity and reflected protected characteristics as defined by the Equality Act 2010.

Continuous learning and improving care; Working in partnership with others

- At the time of our inspection, the management team were in the process of implementing an electronic quality monitoring system to further improve their oversight of the service and drive forward improvements.
- Staff liaised with a range of health and social care professionals involved in people's care to support their physical health and wellbeing as seen in the records we viewed.